FORM D



UNITED STATES

SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## BESTAVAILABLE COPY

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR

UNIFORM LIMITED OFFERING EXEMPTION

OMB A	APPROVAL
OMB Number: Expires: Estimated average Hours per respons	
SEC U	JSE ONLY
Prefix	Serial

DATE RECEIVED

ONE CITE DIVITED OF BRICE DA	51.77 11.011
Name of Offering (  check if this is an amendment and name has changed, a Blackstone Columbus Avenue Offshore Fund Ltd.	and indicate change.) 130658
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Ru	le 506 🔲 Section 4(6) 🔲 ULOE
Type of Filing: New Filing	
A. BASIC IDENTIFIC	CATION DATA
Enter the information requested about the issuer	
Name of Issuer ( check if this is an amendment and name has changed, and a Blackstone Columbus Avenue Offshore Fund Ltd.	ndicate change.) 04047729
Address of Executive Offices (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
c/o RK Consulting (Cayman) Ltd., Cayman Corporate Centre, 27 Hos Box 1748 GT, George Town, Grand Cayman, Cayman Islands	pital Road, P.O. 345-949-6333
Address of Principal Business Operations (Number and Street, City, State, Zip C (if different from Executive Offices)	
Brief Description of Business To operate as a private investment company.	
Type of Business Organization	
☐ corporation ☐ limited partnership, already formed	other (please specify): an exempted Cayman Islands company
business trust limited partnership, to be formed	OCT 12 2004
Actual or Estimated Date of Incorporation or Organization:  Month 07	Year  02
Jurisdiction of Incorporation or Organization (Enter two-letter U.S. Postal Servi	

#### GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: <u>Five (5) copies</u> of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

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|          |                                                                                                                                                               |                   | A. BASIC IDEN                                               | TIFICATION DATA                          |                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |  |  |
|----------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|-------------------------------------------------------------|------------------------------------------|-----------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|
| 2.       | Enter the information                                                                                                                                         | requested for the | e following:                                                |                                          |                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |  |  |
|          | o Each promoter of the issuer, if the issuer has been organized within the past five years;                                                                   |                   |                                                             |                                          |                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |  |  |
|          | o Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer; |                   |                                                             |                                          |                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |  |  |
|          | o Each executive officer and director of corporate issuers and of corporate general and manæing partners of partnership issuers; and                          |                   |                                                             |                                          |                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |  |  |
|          | o Each general an                                                                                                                                             | d managing partn  | er of partnership issuers.                                  |                                          |                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |  |  |
| Check Bo | ex(es) that Apply:                                                                                                                                            | Promoter          | Beneficial Owner                                            | Executive Officer                        | □ Director            | General and/or Managing Partner                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |  |  |
|          | e (Last name first, if i<br>Young, Peter M.O.                                                                                                                 |                   |                                                             |                                          |                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |  |  |
|          | or Residence Address<br>c/o RK Consulting (C<br>Cayman Islands                                                                                                |                   | r and Street, City, State, Zip<br>yman Corporate Centre, 27 | o Code)<br>' Hospital Road, P.O. Box 174 | 18 GT, George Towr    | n, Grand Cayman,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |  |  |  |
|          | ox(es) that Apply:                                                                                                                                            | Promoter          | Beneficial Owner                                            | Executive Officer                        | □ Director            | General and/or Managing Partner                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |  |  |
|          | e (Last name first, if i<br>Young, Samuel A.D.                                                                                                                |                   |                                                             |                                          | 3 F                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |  |  |
| Business | or Residence Address                                                                                                                                          | (Numbe            | r and Street, City, State, Zip                              |                                          |                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |  |  |
|          | c/o RK Consulting (Cayman Islands                                                                                                                             | Cayman) Ltd., Ca  | yman Corporate Centre, 27                                   | Hospital Road, P.O. Box 17               | 48 GT, George Towr    | a, Grand Cayman,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |  |  |  |
|          | ox(es) that Apply:                                                                                                                                            | Promoter          | Beneficial Owner                                            | Executive Officer                        | Director ·            | General and/or Managing Partner                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |  |  |
| Full Nam | e (Last name first, if                                                                                                                                        | individual)       |                                                             |                                          |                       | · .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |  |  |  |
| Business | or Residence Address                                                                                                                                          | (Numbe            | r and Street, City, State, Zip                              | Code)                                    | William Tender        | , ,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |  |  |  |
| Check Bo | ox(es) that Apply:                                                                                                                                            | ☐ Promoter        | ☐ Beneficial Owner                                          | Executive Officer                        | Director              | General and/or Managing Partner                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |  |  |
| Full Nam | e (Last name first, if                                                                                                                                        | individual)       |                                                             |                                          |                       | ·                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |  |  |  |
| Business | or Residence Address                                                                                                                                          | Numbe             | r and Street, City, State, Zip                              | i Code)                                  | and the second second | The second secon |  |  |  |  |  |
| Check Bo | ox(es) that Apply:                                                                                                                                            | Promoter          | ☐ Beneficial Owner                                          | Executive Officer                        | Director              | General and/or Managing Partner                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |  |  |
| Full Nam | e (Last name first, if                                                                                                                                        | individual)       |                                                             |                                          |                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |  |  |
| Business | or Residence Address                                                                                                                                          | s (Numbe          | er and Street, City, State, Zip                             | Code)                                    |                       | <del></del>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |  |  |  |
| Check Bo | ox(es) that Apply:                                                                                                                                            | ☐ Promoter        | ☐ Beneficial Owner                                          | ☐ Executive Officer                      | Director              | General and/or Managing Partner                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |  |  |
| Full Nam | ne (Last name first, if                                                                                                                                       | individual)       |                                                             |                                          |                       | · · · · · · · · · · · · · · · · · · ·                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |  |  |  |  |
| Business | or Residence Addres                                                                                                                                           | s (Numbe          | er and Street, City, State, Zip                             | p Code)                                  |                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |  |  |
|          |                                                                                                                                                               | (Use blan         | k sheet, or copy and use add                                | litional copies of this sheet, as        | necessary.)           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |  |  |

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|          |                              |                                                             |                                              |                                           | B.                                    | NFORMA                                                             | TION ABO                                  | OUT OFFE                                      | RING                                       |                                        |                                            |                                             |                                                |
|----------|------------------------------|-------------------------------------------------------------|----------------------------------------------|-------------------------------------------|---------------------------------------|--------------------------------------------------------------------|-------------------------------------------|-----------------------------------------------|--------------------------------------------|----------------------------------------|--------------------------------------------|---------------------------------------------|------------------------------------------------|
| 1.       |                              |                                                             |                                              |                                           |                                       | , to non-ac                                                        |                                           | vestors in th                                 | nis offering                               | ?                                      | Yes                                        | No<br>⊠                                     |                                                |
| 2.       |                              |                                                             |                                              |                                           |                                       | g under UL<br>oted from a                                          |                                           | ıal                                           |                                            |                                        | \$5,                                       | *000,000                                    |                                                |
|          |                              |                                                             |                                              |                                           |                                       | ectors to acc                                                      |                                           |                                               |                                            |                                        |                                            |                                             |                                                |
| 3.<br>4. | Enter the remune agent of    | ne informat<br>ration for s<br>f a broker of<br>to be liste | tion request<br>solicitation<br>or dealer re | ed for each<br>of purchase<br>gistered wi | person whers in conne<br>th the SEC   | e unit<br>no has been<br>ection with<br>and/or with<br>a broker or | or will be<br>sales of se<br>h a state or | paid or give<br>curities in t<br>states, list | en, directly<br>he offering<br>the name of | or indirect If a perso the broker      | ly, any con<br>in to be list<br>or dealer. | nmission or<br>ed is an ass<br>If more that | ociated person or<br>an five (5)               |
| Full Na  |                              |                                                             | , if individ                                 | ual)                                      |                                       |                                                                    |                                           | ···                                           |                                            |                                        |                                            |                                             |                                                |
| Busines  | s or Res                     | idence Add                                                  | iress (Num                                   | ber and Str                               | eet, City, S                          | State, Zip C                                                       | ode)                                      |                                               |                                            |                                        |                                            |                                             |                                                |
| Name o   | f Associ                     | ated Broke                                                  | r or Dealer                                  |                                           |                                       |                                                                    |                                           |                                               |                                            | <u>J.</u>                              |                                            |                                             |                                                |
|          |                              |                                                             | ted Has Sol<br>or check in                   |                                           |                                       | olicit Purch                                                       | asers                                     |                                               |                                            |                                        |                                            | ☐ Al                                        | l States                                       |
|          | [AL]<br>[IL]<br>[MT]<br>[RI] | [AK]<br>[IN]<br>[NE]<br>[SC]                                | [AZ]<br>[IA]<br>[NV]<br>[SD]                 | [AR]<br>[KS]<br>[NH]<br>[TN]              | [CA]<br>[KY]<br>[NJ]<br>[TX]          | [CO]<br>[LA]<br>[NM]<br>[UT]                                       | [CT]<br>[ME]<br>[NY]<br>[VT]              | [DE]<br>[MD]<br>[NC]<br>[VA]                  | [DC]<br>[MA]<br>[ND]<br>[WA]               | [FL]<br>[MI]<br>[OH]<br>[WV]           | [GA]<br>[MN]<br>[OK]<br>[WI]               | [HI]<br>[MS]<br>[OR]<br>[WY]                | [ID]<br>[MO]<br>[PA]:<br>[PR]                  |
| Full Na  | me (Last                     | name first                                                  | t, if individ                                | ual)                                      |                                       | ir , h-                                                            | :                                         | 0.                                            |                                            | :                                      |                                            |                                             | r at                                           |
| Busines  | ss or Res                    | idence Ado                                                  | dress (Num                                   | ber and Str                               | eet, City, S                          | State, Zip C                                                       | ode)                                      |                                               | • • • • • • • • • • • • • • • • • • • •    |                                        | ·.                                         |                                             | al subsection of a second                      |
| Name o   | f Associ                     | ated Broke                                                  | r or Dealer                                  |                                           | · · · · · · · · · · · · · · · · · · · |                                                                    |                                           |                                               |                                            | ···                                    | :-                                         |                                             | *                                              |
|          |                              |                                                             | ted Has So<br>or check in                    |                                           |                                       | olicit Purch                                                       | asers                                     |                                               |                                            | ·- · · · · · · · · · · · · · · · · · · |                                            | ☐ Al                                        | l States                                       |
|          | [AL]<br>[IL]<br>[MT]<br>[RI] | [AK]<br>[IN]<br>[NE]<br>[SC]                                | [AZ]<br>[IA]<br>[NV]<br>[SD]                 | [AR]<br>[KS]<br>[NH]<br>[TN]              | [CA]<br>[KY]<br>[NJ]<br>[TX]          | [CO]<br>[LA]<br>[NM]<br>[UT]                                       | [CT]<br>[ME]<br>[NY]<br>[VT]              | [DE]<br>[MD]<br>[NC]<br>[VA]                  | [DC]<br>[MA]<br>[ND]<br>[WA]               | [FL]<br>[MI]<br>[OH]<br>[WV]           | [GA]<br>[MN]<br>[OK]<br>[WI]               | [HI]<br>[MS]<br>[OR]<br>[WY]                | [ID]<br>[MO]<br>[PA]<br>[PR]                   |
| Full Na  | me (Las                      | t name firs                                                 | t, if individ                                | ual)                                      |                                       |                                                                    |                                           | -                                             |                                            |                                        |                                            |                                             |                                                |
| Busines  | ss or Res                    | idence Ad                                                   | dress (Num                                   | ber and Str                               | eet, City, S                          | State, Zip C                                                       | ode)                                      |                                               |                                            |                                        | ±                                          | ۇھىدا - ئالىلەرلىيىدىرىد ئىلەن<br>1 - يا    | en alle en |
| Name o   | of Associ                    | ated Broke                                                  | er or Dealer                                 |                                           |                                       | ······································                             |                                           |                                               |                                            |                                        |                                            |                                             |                                                |
|          |                              |                                                             | ted Has So<br>or check in                    |                                           |                                       | olicit Purch                                                       | asers                                     |                                               |                                            |                                        |                                            | ☐ Al                                        | l States                                       |
|          | [AL]<br>[IL]<br>[MT]<br>[RI] | [AK]<br>[IN]<br>[NE]<br>[SC]                                | [AZ]<br>[IA]<br>[NV]<br>[SD]                 | [AR]<br>[KS]<br>[NH]<br>[TN]              | [CA]<br>[KY]<br>[NJ]<br>[TX]          | (CO)<br>[LA]<br>[NM]<br>[UT]                                       | [CT]<br>[ME]<br>[NY]<br>[VT]              | [DE]<br>[MD]<br>[NC]<br>[VA]                  | [DC]<br>[MA]<br>[ND]<br>[WA]               | [FL]<br>[MI]<br>[OH]<br>[WV]           | [GA]<br>[MN]<br>[OK]<br>[WI]               | [HI]<br>{MS]<br>{OR}<br>[WY]                | [ID]<br>[MO]<br>[PA]<br>[PR]                   |

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

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SEC 1972 (1/94)

### C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1. Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is

| Type of Security                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                          | Aggregate<br>Offering<br>Price                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Amount<br>Already<br>Sold                                                                       |
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| Debt                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                          | \$0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | \$0                                                                                             |
| Equity                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                          | \$2,000,000,000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | \$41,000,000                                                                                    |
|                                                                                                                                                                                                                                                                                                                                                                   | [X]Common []                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Preferred                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 7, 1                                                                                            |
| Convertible Securities (inc                                                                                                                                                                                                                                                                                                                                       | cluding warrants)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                          | \$0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | \$0                                                                                             |
| Partnership Interests                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ······                                                                                                                                                                                                                                                   | \$0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | \$0                                                                                             |
| Other (Specify                                                                                                                                                                                                                                                                                                                                                    | )                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                          | \$0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | \$0                                                                                             |
| Total                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                          | \$2,000,000,000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | \$41,000,000                                                                                    |
| Answer also in A                                                                                                                                                                                                                                                                                                                                                  | Appendix, Column 3, if filing u                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | nder ULOE.                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                 |
| aggregate dollar amount o                                                                                                                                                                                                                                                                                                                                         | f their purchases on the total lin                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | l, indicate the number of persons who les. Enter "0" if answer is "none" or "a                                                                                                                                                                           | zero."<br>Number<br>Investors                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Aggregate Dolla<br>Amount of<br>Purchases                                                       |
|                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                          | 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | \$41,000,000                                                                                    |
| Accredited Investors                                                                                                                                                                                                                                                                                                                                              | ***************************************                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                          | <del></del>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                 |
| Non-accredited Investors.  Total (for filing unde Answer also in a lif this filing is for an offer                                                                                                                                                                                                                                                                | r Rule 504 only)Appendix, Column 4, if filing uring under Rule 504 or 505, ente                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | nder ULOE.                                                                                                                                                                                                                                               | urities sold by the issuer, to                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                 |
| Non-accredited Investors.  Total (for filing unde Answer also in If this filing is for an offer offerings of the types inditype listed in Part C - Que                                                                                                                                                                                                            | r Rule 504 only)Appendix, Column 4, if filing using under Rule 504 or 505, entected, in the twelve (12) months                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | nder ULOE.                                                                                                                                                                                                                                               | urities sold by the issuer, to                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | \$ date, in rities by                                                                           |
| Non-accredited Investors.  Total (for filing unde Answer also in If this filing is for an offer offerings of the types inditype listed in Part C - Que                                                                                                                                                                                                            | r Rule 504 only)Appendix, Column 4, if filing using under Rule 504 or 505, enterested, in the twelve (12) months stion 1.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | nder ULOE. er the information requested for all secus securities in t                                                                                                                                                                                    | urities sold by the issuer, to his offering. Classify security                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | \$ date, in rities by                                                                           |
| Non-accredited Investors.  Total (for filing unde Answer also in If this filing is for an offer offerings of the types inditype listed in Part C - Que  Type of Offering  Rule 505                                                                                                                                                                                | r Rule 504 only)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | nder ULOE. er the information requested for all seci<br>s prior to the first sale of securities in t                                                                                                                                                     | urities sold by the issuer, to this offering. Classify security                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | \$ date, in rities by                                                                           |
| Non-accredited Investors.  Total (for filing unde Answer also in all this filing is for an offer offerings of the types inditype listed in Part C - Que  Type of Offering  Rule 505                                                                                                                                                                               | r Rule 504 only)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | nder ULOE. er the information requested for all secies prior to the first sale of securities in t                                                                                                                                                        | urities sold by the issuer, to this offering. Classify security                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | \$ date, in rities by                                                                           |
| Non-accredited Investors.  Total (for filing unde Answer also in If this filing is for an offer offerings of the types inditype listed in Part C - Que Type of Offering Rule 505  Regulation A                                                                                                                                                                    | r Rule 504 only) Appendix, Column 4, if filing uring under Rule 504 or 505, enterested, in the twelve (12) months stion 1.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | nder ULOE. er the information requested for all sec s prior to the first sale of securities in t                                                                                                                                                         | urities sold by the issuer, to his offering. Classify secu                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | \$ date, in rities by                                                                           |
| Non-accredited Investors.  Total (for filing unde Answer also in If this filing is for an offer offerings of the types inditype listed in Part C - Que  Type of Offering Rule 505  Regulation A                                                                                                                                                                   | r Rule 504 only)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | nder ULOE. er the information requested for all secies prior to the first sale of securities in t                                                                                                                                                        | urities sold by the issuer, to this offering. Classify security  Type of Security  ccurities in this offering. Example to future continge                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | S  Dollar Amount Solo  \$  \$  \$  \$  \$  \$  \$  \$  \$  \$  \$  \$  \$                       |
| Non-accredited Investors.  Total (for filing unde Answer also in If this filing is for an offer offerings of the types inditype listed in Part C - Que  Type of Offering Rule 505  Regulation A                                                                                                                                                                   | ar Rule 504 only)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | nder ULOE. er the information requested for all secies prior to the first sale of securities in the securities in the issuance and distribution of the security. The information may be given as                                                         | urities sold by the issuer, to this offering. Classify security  Type of Security  ccurities in this offering. Exist is subject to future continge the estimate.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | S  Dollar Amount Solo  \$  \$  \$  \$  \$  \$  \$  \$  \$  \$  \$  \$  \$                       |
| Non-accredited Investors.  Total (for filing unde Answer also in If this filing is for an offer offerings of the types inditype listed in Part C - Que  Type of Offering Rule 505  Regulation A                                                                                                                                                                   | ar Rule 504 only)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | nder ULOE.  er the information requested for all sects prior to the first sale of securities in the issuance and distribution of the section. The information may be given attimate and check the box to the left of                                     | urities sold by the issuer, to this offering. Classify security  Type of Security  courities in this offering. Ex s subject to future continge the estimate.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | S  Dollar Amount Solo  \$  \$  \$  colude ncies. If                                             |
| Non-accredited Investors.  Total (for filing unde Answer also in If this filing is for an offer offerings of the types inditype listed in Part C - Que  Type of Offering Rule 505  Regulation A                                                                                                                                                                   | ar Rule 504 only) Appendix, Column 4, if filing using under Rule 504 or 505, entereated, in the twelve (12) months stion 1.  all expenses in connection with organization expenses of the isture is not known, furnish an estimated the state of the state o | nder ULOE.  er the information requested for all sects prior to the first sale of securities in the securities in the issuance and distribution of the securities. The information may be given as timate and check the box to the left of               | urities sold by the issuer, to this offering. Classify security  Type of Security  ccurities in this offering. Exstanding the estimate.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | S  Dollar Amount Solo  \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$                    |
| Non-accredited Investors.  Total (for filing unde Answer also in If this filing is for an offer offerings of the types inditype listed in Part C - Que  Type of Offering Rule 505  Regulation A  Total  a. Furnish a statement of amounts relating solely to the amount of an expendit Transfer Agent's Fees  Printing and Engraving C  Legal Fees                | ar Rule 504 only)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | nder ULOE.  er the information requested for all secies prior to the first sale of securities in the securities in the issuance and distribution of the securities. The information may be given attimate and check the box to the left of               | urities sold by the issuer, to this offering. Classify security  Type of Security  Eccurities in this offering. Expression in this offering in this offering. Expression in this offering in this offering. Expression in this offering in | S  Dollar Amount Solo  \$  \$  \$  \$  \$  \$  \$  \$  \$  \$  \$  \$  \$                       |
| Total (for filing under Answer also in Answer also in If this filing is for an offer offerings of the types inditype listed in Part C - Que  Type of Offering Rule 505  Regulation A  Rule 504  Total  a. Furnish a statement of amounts relating solely to the amount of an expendit Transfer Agent's Fees  Printing and Engraving C Legal Fees  Accounting Fees | ar Rule 504 only)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | nder ULOE.  er the information requested for all sects prior to the first sale of securities in to the first sale of securities in the issuance and distribution of the section. The information may be given at timate and check the box to the left of | urities sold by the issuer, to this offering. Classify security  Type of Security  courities in this offering. Ex s subject to future continge the estimate.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | S  I date, in rities by  Dollar Amount Solo  \$  \$  \$  \$  \$  \$  \$  \$  \$  \$  \$  \$  \$ |
| Non-accredited Investors.  Total (for filing unde Answer also in If this filing is for an offer offerings of the types inditype listed in Part C - Que Type of Offering Rule 505  Regulation A                                                                                                                                                                    | ar Rule 504 only)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | nder ULOE.  er the information requested for all sects prior to the first sale of securities in the securities in the issuance and distribution of the securities. The information may be given attimate and check the box to the left of                | urities sold by the issuer, to this offering. Classify security  Type of Security  curities in this offering. Exstands subject to future continge the estimate.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | S  I date, in rities by  Dollar Amount Solo  \$  \$  \$  \$  \$  \$  \$  \$  \$  \$  \$  \$  \$ |
| Non-accredited Investors.  Total (for filing unde Answer also in If this filing is for an offer offerings of the types inditype listed in Part C - Que  Type of Offering Rule 505  Regulation A                                                                                                                                                                   | ar Rule 504 only)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | nder ULOE. er the information requested for all secies prior to the first sale of securities in the issuance and distribution of the securities. The information may be given attimate and check the box to the left of                                  | urities sold by the issuer, to this offering. Classify security  Type of Security  Eccurities in this offering. Expression is subject to future continge the estimate.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | S  Dollar Amount Solo  S  S  S  Colude noies. If    \$0  x   \$*  x   \$*    \$0                |

| C. OFFERING PRICE, NUMBER OF INVESTOR                                                                                                                                                                                                                   | RS, EX  | PEN   | SES AND USE OF                                | PRO    | CEED  | os        |                                        | <del></del>  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|-------|-----------------------------------------------|--------|-------|-----------|----------------------------------------|--------------|
| b. Enter the difference between the aggregate offering price given in respo expenses furnished in response to Part C - Question 4.a. This difference is issuer."                                                                                        | the "ad | juste | d gross proceeds to t                         | he     | _5    | 52,000,00 | 0,000                                  |              |
| Indicate below the amount of the adjusted gross proceeds to the issuer used purposes shown. If the amount for any purpose is not known, furnish an estimate. The total of the payments listed must equal the adjusted gross pro C - Question 4.b above. | stimate | and o | heck the box to the                           | left o | f the | Part      |                                        |              |
|                                                                                                                                                                                                                                                         | •       |       | Payments to Officers, Directors, & Affiliates |        | '     |           | nents to                               |              |
| Salaries and fees                                                                                                                                                                                                                                       | [       | ]     | \$                                            | Į      | ]     | \$        |                                        | <b>-</b>     |
| Purchase of real estate                                                                                                                                                                                                                                 |         | ]     | \$                                            | ſ      | ]     | \$        |                                        | _            |
| Purchase, rental or leasing and installation of machinery and equipment                                                                                                                                                                                 | [       | ]     | \$                                            | . [    | ]     | \$        |                                        | -<br>-       |
| Construction or leasing of plant buildings and facilities                                                                                                                                                                                               | ĺ       | - ]   | \$                                            | ſ      | ]     | \$        |                                        | _            |
| Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)                                                          |         | ]     | \$                                            | [.     | ]     | \$        | ······································ | <del>-</del> |
| Repayment of indebtedness                                                                                                                                                                                                                               | [       | ]     | \$ .                                          | [      | ]     | \$        |                                        | <u>.</u>     |
| Working capital                                                                                                                                                                                                                                         | [       | ].    | \$                                            | [      | ]     | \$        |                                        | _            |
| Other (specify): Investment Capital                                                                                                                                                                                                                     | . '[.>  | []    | \$2,000,000,000                               | [      | . ]   | \$        |                                        |              |
|                                                                                                                                                                                                                                                         |         |       |                                               |        |       | ,         |                                        |              |
| Column Totals                                                                                                                                                                                                                                           | . []    | ( ]   | \$2,000,000,000                               | 1      | 1     | \$        |                                        |              |
| Total Payments Listed (column totals added)                                                                                                                                                                                                             |         | -     | [ X ]. <u>\$2</u>                             | ,000,  | 000,0 | 00        |                                        | -            |
| D. FEDERAL S                                                                                                                                                                                                                                            | IGNAT   | URE   |                                               | ,      |       |           |                                        |              |

The issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice is filed under Rule 505, the following signature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commission, upon written request of its staff, the information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of Rule 502.

| Issuer (Print or Type) Blackstone Columbus Avenue Offshore Fund Ltd. | Signature                       | Date 9/30/07 |
|----------------------------------------------------------------------|---------------------------------|--------------|
| Name of Signer (Print or Type)                                       | Title of Signer (Print or Type) |              |
|                                                                      | Director                        |              |

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 10001.)

|     | E STATE SIGNATURE                                                                                                                                                                                                                                                                                                                                                                               |
|-----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1.  | Yes No Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule?                                                                                                                                                                                                                                                                       |
|     | See Appendix, Column 5, for state response. Not applicable                                                                                                                                                                                                                                                                                                                                      |
| 2.  | The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (17 CFR 239.500) at such times as required by state law. Not applicable                                                                                                                                                                           |
| 3.  | The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees. Not applicable                                                                                                                                                                                                                          |
| 4.  | The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform Limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied. <b>Not applicable</b> |
|     | e issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the dersigned duly authorized person.                                                                                                                                                                                                                       |
| Iss | uer (Print or Type) Signature Date                                                                                                                                                                                                                                                                                                                                                              |
| Bla | ackstone Columbus Avenue Offshore Fund Ltd. 9/30/04                                                                                                                                                                                                                                                                                                                                             |
| Na  | me (Print or Type)  Title (Print or Type)                                                                                                                                                                                                                                                                                                                                                       |
|     |                                                                                                                                                                                                                                                                                                                                                                                                 |
|     | Director                                                                                                                                                                                                                                                                                                                                                                                        |

### Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

# APPENDIX

|       |                                       |                                | BLACKSTONE C                                                                   | E COLUMBUS AVENUE OFFSHORE FUND LTD. |                                                                                                                   |          |          |          |          |
|-------|---------------------------------------|--------------------------------|--------------------------------------------------------------------------------|--------------------------------------|-------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|
| 1     | Intend to non-acc invest Sta (Part B- | o sell to<br>redited<br>ors in | Type of security and aggregate offering price offered in state (Part C-Item 1) | Type of                              | 5 Not Applicable Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1) |          |          |          |          |
| State | Yes                                   | No                             | Class A Shares<br>par value \$0.01<br>per share<br>\$2,000,000,000             | Number of<br>Accredited<br>Investors | Accredited Accredited                                                                                             |          |          |          | No       |
| AK    |                                       | ļ                              |                                                                                |                                      |                                                                                                                   |          |          |          |          |
| AL    |                                       |                                |                                                                                |                                      |                                                                                                                   |          |          |          |          |
| AR    |                                       |                                |                                                                                |                                      |                                                                                                                   |          |          |          |          |
| AZ    |                                       |                                |                                                                                |                                      |                                                                                                                   |          |          |          |          |
| CA    |                                       | X                              | Х                                                                              | 1                                    | \$1,000,000                                                                                                       | 0        | 0        |          |          |
| со    |                                       |                                |                                                                                |                                      |                                                                                                                   | :        |          |          |          |
| СТ    |                                       |                                |                                                                                |                                      |                                                                                                                   |          | ) .      |          |          |
| DC    |                                       |                                |                                                                                |                                      |                                                                                                                   |          |          |          |          |
| DE    |                                       |                                |                                                                                |                                      |                                                                                                                   |          |          |          |          |
| FL    |                                       | · .                            |                                                                                |                                      |                                                                                                                   | ·        |          |          |          |
| GA    |                                       |                                |                                                                                |                                      |                                                                                                                   |          |          |          |          |
| ні    |                                       | ļ                              |                                                                                |                                      |                                                                                                                   |          |          |          |          |
| 1A    | <u> </u>                              | ļ                              |                                                                                |                                      |                                                                                                                   |          |          |          |          |
| lD    |                                       |                                |                                                                                |                                      |                                                                                                                   | <u> </u> |          |          |          |
| IL    |                                       |                                |                                                                                |                                      | · · · · · · · · · · · · · · · · · · ·                                                                             |          |          |          |          |
| IN    |                                       |                                |                                                                                |                                      | <u> </u>                                                                                                          |          |          |          | <u> </u> |
| KS    | ļ                                     |                                |                                                                                |                                      | ·                                                                                                                 |          |          |          | ļ        |
| KY    |                                       |                                |                                                                                |                                      | <del></del>                                                                                                       | -        |          |          |          |
| LA    | ļ                                     |                                |                                                                                |                                      | <del></del>                                                                                                       |          |          |          |          |
| MA    | <del> </del>                          | <u> </u>                       |                                                                                |                                      |                                                                                                                   |          |          |          | ļ        |
| MD    | <u> </u>                              |                                |                                                                                |                                      |                                                                                                                   |          |          | <u> </u> |          |
| ME    | ļ                                     | ļ                              |                                                                                |                                      |                                                                                                                   | <u> </u> |          |          |          |
| MI    |                                       | -                              |                                                                                |                                      |                                                                                                                   | <u> </u> |          |          |          |
| MN    | 1                                     |                                |                                                                                |                                      |                                                                                                                   | <u> </u> |          |          |          |
| МО    |                                       | ļ                              | <u> </u>                                                                       |                                      |                                                                                                                   |          |          | ļ        |          |
| MS    | <u> </u>                              | <u> </u>                       |                                                                                |                                      |                                                                                                                   |          |          |          |          |
| МТ    | ļ                                     |                                |                                                                                |                                      |                                                                                                                   |          |          |          | <u> </u> |
| NC    |                                       |                                |                                                                                |                                      |                                                                                                                   |          | <u> </u> |          | <u> </u> |

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APPENDIX

|       |                              | I                               | BLACKSTONE C                                                                   |                                      | AVENUE OFF                                                                                                        | SHORE FUN                                    | D LTD.               |     |     |
|-------|------------------------------|---------------------------------|--------------------------------------------------------------------------------|--------------------------------------|-------------------------------------------------------------------------------------------------------------------|----------------------------------------------|----------------------|-----|-----|
|       | Intend to non-acc invest Sta | o sell to<br>credited<br>ors in | Type of security and aggregate offering price offered in state (Part C-Item 1) | Type of                              | 5 Not Applicable Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1) |                                              |                      |     |     |
| State | Yes                          | No                              | Class A Shares<br>par value S0.01<br>per share<br>\$2,000,000,000              | Number of<br>Accredited<br>Investors | Amount                                                                                                            | Number of<br>Non-<br>Accredited<br>Investors | Amount               | Yes | No  |
| ND    |                              |                                 |                                                                                |                                      |                                                                                                                   |                                              |                      |     |     |
| NE    |                              |                                 |                                                                                |                                      |                                                                                                                   |                                              |                      |     |     |
| NH    |                              |                                 |                                                                                |                                      |                                                                                                                   |                                              |                      |     |     |
| NJ    |                              | ļ                               |                                                                                |                                      |                                                                                                                   |                                              | <u> </u>             |     |     |
| NM    | ļ <u>.</u>                   | ļ                               |                                                                                |                                      |                                                                                                                   |                                              |                      |     |     |
| NV    |                              |                                 |                                                                                |                                      |                                                                                                                   |                                              | <u> </u>             |     |     |
| NY    |                              | Х                               | X.                                                                             | <b>]</b>                             | \$40,000,000                                                                                                      | 0                                            | 0                    |     | 1.7 |
| ОН    |                              |                                 |                                                                                |                                      |                                                                                                                   |                                              |                      |     |     |
| ОК    |                              | _                               |                                                                                |                                      |                                                                                                                   |                                              | <i>i</i> `<br>—. ——— |     |     |
| OR    |                              |                                 | ·                                                                              |                                      |                                                                                                                   |                                              |                      |     |     |
| PA    | <u> </u>                     | <u> </u>                        |                                                                                |                                      |                                                                                                                   |                                              |                      |     |     |
| PR    |                              |                                 | <u> </u>                                                                       |                                      |                                                                                                                   |                                              |                      |     |     |
| RI    |                              |                                 |                                                                                |                                      |                                                                                                                   |                                              |                      |     |     |
| sc    |                              |                                 |                                                                                |                                      |                                                                                                                   |                                              |                      |     |     |
| SD,   |                              | 1 1                             |                                                                                | a samah naga a a a                   | w ja , sampor ,                                                                                                   |                                              |                      |     |     |
| TN    |                              |                                 |                                                                                |                                      |                                                                                                                   |                                              |                      |     |     |
| TX    |                              |                                 |                                                                                |                                      |                                                                                                                   |                                              |                      |     |     |
| UT    | <u> </u>                     |                                 |                                                                                |                                      |                                                                                                                   |                                              |                      |     |     |
| VA    |                              |                                 |                                                                                |                                      |                                                                                                                   |                                              |                      |     |     |
| VT    |                              |                                 |                                                                                |                                      |                                                                                                                   |                                              |                      |     |     |
| WA    |                              |                                 |                                                                                |                                      |                                                                                                                   |                                              |                      |     |     |
| WI    |                              |                                 |                                                                                |                                      |                                                                                                                   |                                              |                      |     |     |
| WV    |                              |                                 |                                                                                |                                      |                                                                                                                   |                                              |                      |     |     |
| WY    |                              |                                 |                                                                                |                                      |                                                                                                                   |                                              |                      |     |     |